

# Assisted Suicide in Switzerland

## When is it Permitted?

Prof. Dr Meinard Schar, President, EXIT, Swiss Society for Humane Dying, Zurich  
Presentation at the Hemlock Hawaii Annual Meeting  
November 2, 1996, Honolulu, Hawaii

### Editor's Note:

Dr Schär was Professor of Social and Preventive Medicine and Professor of Pharmacology at the University of Zurich for 20 years. He has also served as Vice-Director of the Swiss Federal Office of Public Health. Prior to his presentation at Hemlock Hawaii, Dr Schär participated in the 11th International Congress of the World Federation of Right-to-Die Societies in Melbourne.

When I began to collate information on the progress made with regard to the legalization of assisted suicide I felt very optimistic. Especially encouraging were reports from Oregon and other U.S. states as well as from the Northern Territory of Australia. But my optimism was soon dampened by press releases from the same countries; Let me mention just a few of them:

Under the title: "U.S. doctors reaffirm opposition to Euthanasia" the *British Medical Journal* reports on the annual delegates meeting of the AMA in Chicago in July 1996. Some 430 delegates voted against euthanasia with the argument that doctors should be healers, not killers. The AMA delegates admitted that individuals have every right to control their own destiny. This does not mean, however, that they have a right to have their physician, their trusted partner in health, assist them to die. At the meeting of the AMA in Chicago there was only one doctor opposing this motion. The physician, in question, Ulrich Danckers, said doctors should not substitute their judgment for that of their patients:

"It is intellectually dishonest for us to collectively get on our high moral horse by declaring the practice unethical and then look the other way when our members in even larger numbers quietly endorse the practice at the bedside."

This is also our opinion! As you will hear a little later, the Swiss medical Academy is strictly opposed to active voluntary euthanasia and physician assisted suicide, however, it sanctions indirect bedside euthanasia.

In August 1995 the Editor of the *Star-Bulletin* of Hawaii gave an update on the right-to-die movement which puts the issue of euthanasia in proper perspective. He summarized the situation in those days (August 1995) as follows:

"A year ago the right-to die movement was energized by its effort to persuade Oregon voters to approve the first legislation in America authorizing assisted suicide. It prevailed by 51 to 49 but has not gone into effect. All across America, states are still waiting for court decisions."

Under the title "Police and People" the British Journal "*Lancet*" writes: The Northern Territory's Rights of the Terminally ill Act came into operation this week despite a challenge to its validity by the Northern Territory branch of the Australian Medical Association.

tion. On a national level, the issue has led to a constitutional debate about the powers of states and territories to make laws. In the meantime the legislation has come into force. The doctor of 65-year-old Max Bell is searching for the required second doctor whose declaration, together with that of a psychiatrist, will enable Bell to be assisted to die. (In the meantime—as I am told—Mr Bell died in a natural way).

In an article which appeared recently (September 1996) in the *Honolulu Advertiser*, Geoff Spencer of the Associated Press writes:

*"The Northern Territory's legislature became the first in the world to pass a voluntary euthanasia law last year. It took effect July 1st but its future is uncertain."*

Then Spencer describes the case of the 66-year-old Mr Dent who died with dignity with his wife, Judy, by his side.

I am sure that you know the story of Mr Dent, and certainly you have heard of Dr Nitschke the inventor of the computerized death machine. But was Mr Dent really the first person to kill himself legally under the world's only voluntary euthanasia law?

### Assisted Suicide in Switzerland

Switzerland, one of the smaller countries of Europe, has seven million inhabitants. Since one-seventh of the Swiss population is more than 65 years old a high morbidity rate is to be expected. The chronic-degenerative diseases are the main cause of increased morbidity and mortality. Medical technology can prolong the lives of the elderly and the chronically ill but it cannot keep them

Table 1.—Some Statistical Data on Switzerland

|                     | 1900                                   | 1990                                   |
|---------------------|--|--|
| Population          | 3, 3 million                           | 6, 9 million                           |
| Persons 65 and over | 300,000                                | 1, 1 million                           |
| General mortality   | 18/1000                                | 9/1000                                 |
| Infant mortality    | 140/1000 new-born                      | 7/1000 new-born                        |
| Life expectancy     | 49 years (males)<br>51 years (females) | 75 years (males)<br>82 years (females) |

independent, free of health troubles, or competent to manage their own affairs. Medical technology can also improve palliative care, that is, care whose aim is the control of symptoms. However, we must remember that in 5 to 10% of the cases of cancer symptoms cannot be relieved of all or only at the cost of loss of individual personality.

*Continued on Page 67*

## The Right to Die with Dignity

In Swiss public polls about dignified dying there is always a majority in favor of active euthanasia and assisted suicide and nearly 100% agree with passive euthanasia. The results of polls with physicians or religious groups are in stark contrast. Whereas 60% of physicians who are members of the Swiss society for humane dying (EXIT) agree with active euthanasia under certain circumstances, the physicians who are not members of EXIT are mainly against active euthanasia and assisted suicide. In all countries suicide is not forbidden but in almost all countries assisted suicide will be prosecuted by law. (In Britain the penalty for assisting a suicide is up to 14 years imprisonment). Why can a suffering person commit suicide and why is it forbidden to provide professional guidance to him or to her?

As early as 1937 a law was enacted in Switzerland which allowed assisted suicide under certain conditions. Article 115 of the Swiss penal code reads as follows:

A person who, for selfish motives, persuades or assists another person to commit suicide will be punished with imprisonment up to five years.

Thus, assisted suicide seems no longer to be a problem. That is, in reality not the case. There is much opposition to this liberal law. The Swiss Academy of Medical Sciences e.g. clearly states that helping a person to commit suicide is not task for a physician. The predicament is that a physician is the only qualified person for giving help to a seriously ill patient who wants to die. Whereas the aforemen-

than to prohibit the practice officially while allowing it to be carried out clandestinely without any controls.)

## The practice of assisted suicide

EXIT issues a manual for competent but incurably ill patients who request help in dying. Adult persons who are members of EXIT for at least three months can obtain this booklet from the headquarters of the organization. It contains all the necessary information regarding the help EXIT can offer, and a detailed description of the procedure. Formerly a brochure was handed out to members who asked for instructions about the means and methods for committing suicide. (This brochure was withdrawn from sale about five years ago.) Recently a "Drug Booklet" has been issued by two European Right-to-Die Societies which contains detailed instructions on the various methods of suicide. This booklet may be useful for hypochondriacs but is certainly of no practical help for seriously ill patients who do not want to suffer any longer from unbearable pain and other serious symptoms.

Seriously sick people need help! They cannot wait for weeks before they can commit suicide. All the medication listed in the aforementioned drug booklet can be obtained on prescription only. The patient, who anyway will have a guilty conscience, would have to lie to his physician or deceive the pharmacist. In addition he cannot be sure that the recommended substance reacts the same way in all persons, and then, there is the risk of vomiting with resultant loss of efficacy of the administered medication. These are the main reasons why we withdrew such booklets and why we do not recommend lists of drugs which might be used for self-delivery.

Table 2.—Swiss laws pertaining to "Killing on Demand" (incl. "Mercy Killing") and "Assisted Suicide."

### Article 114

A person who ends another persons life for human motives, namely for pity, at the serious and urgent request of that person will be punished with imprisonment.

### Article 115

A person who, for **selfish** motives, persuades or assists another person to commit suicide will be punished, in case of completed or attempted suicide, with penal servitude up to five years or with imprisonment.

Table 3.—Directives of the Swiss Academy of Medical Sciences (Excerpt)

### The Right and Responsibilities of the Physician:

- The physician has to cure or alleviate diseases and to maintain health.
- With dying patients he relieves pain and suffering but he can waive the use of life prolonging measures; e.g. artificial respiration or tube feeding.
- By using palliative-medical techniques the physician may risk the shortening of life.
- The physician has to respect the "Living Will" of a patient but it is not his task to assist a person to commit suicide.

tioned academy is against assisted suicide, it agrees with indirect euthanasia. The physician is allowed to give a terminally ill person high doses of drugs for the relief of pain or other serious symptoms but not to shorten the life of the patient. (The physician may kill a patient with an overdose of morphine and he will not be prosecuted by law if it was his intention to treat symptoms only; however if his intention was to terminate the life of the patient, then he may be punished by a prison term of at least five years. It would be preferable to allow controlled, documented voluntary euthanasia,

## The EXIT-procedure for assisted suicide

1. The patient personally (not relatives or friends) makes contact with the headquarters of EXIT (day and night service).
2. A collaborator of EXIT visits the patient in order to establish that it is the genuine wish of a person of sound mind who decides and that he is not coerced or influenced by a third person. Then a date for assisted suicide is fixed.
3. The patient will be invited to ask his physician for a certificate of the diagnosis and—if possible—prognosis.
4. The decision as to whether assistance in dying can be offered is taken by a physician of EXIT. (In doubtful cases a group of three collaborators—a lawyer, a physician and a psychiatrist—decide).
5. An EXIT helper then visits the patient and assists him to self-delivery. He promises the patient that he will stay with him until death has occurred. (This is very important because seriously sick and suffering patients are not afraid of death, rather their greatest fear is that they will wake up in an intensive care unit of a hospital). There is always a witness present, mostly a relative to whom the suicidal person has close contact. The patient is then given two tablets of *Dramamine*. (He or she becomes completely relaxed and talks freely about his or her life. There is no fear and no anxiety about dying). After half and hour the patient is given 10g of sodium-pentobarbitone (a barbiturate) dissolved in about 100 to 150ml of tap water (No mineral water!, because the carbon dioxide precipitates the barbiturate and therefore prolongs the absorption time).
6. Within less than 5 minutes the patient will fall into a deep sleep and within 2 hours—with few exceptions—he will die peacefully.
7. Immediately after death we call the police. The prosecution attorney, the coroner, a criminologist and other "officials" will show up in order to find out whether or not laws have been

Table 4.—Preconditions for Assisted Suicide (EXIT, Swiss Society for Humane Dying, Zurich)

The person applying for assisted suicide has to be:

- 18 years old or older
- Mentally competent
- Member of EXIT
- Resident of Switzerland
- Suffering from a serious illness and/or unbearable health troubles with poor prognosis
- Willing to die with the help of EXIT

The diagnosis of the disease and its prognosis have to be confirmed by a physician.

Table 5.—Suicide in Switzerland 1993 (Swiss statistical yearbook)

| Gender                       | Number of Cases | Mortality Rate per 100/000 |
|------------------------------|-----------------|----------------------------|
| Men                          | 1010            | 28.3                       |
| Women                        | 403             | 10.3                       |
| Men 65 years old and older   | 235             | 58.7                       |
| Women 65 years old and older | 114             | 18.7                       |

Table 6

| Method of Suicide            | Number of Cases |     |           |     |
|------------------------------|-----------------|-----|-----------|-----|
|                              | Men             |     | Women     |     |
|                              | No: Cases       | %   | No: Cases | %   |
| <b>Medicaments</b>           |                 |     |           |     |
| Poisoning                    | 14              | 6   | 16        | 14  |
|                              | 9               | 4   | 14        | 12  |
| Gasping                      | 8               | 3   | 2         | 2   |
| Hanging                      | 62              | 26  | 16        | 14  |
| Drowning                     | 17              | 7   | 31        | 27  |
| Shooting                     | 75              | 32  | 1         | 1   |
| Stabbing                     | 4               | 4   | 1         | 1   |
| <b>Fall</b>                  | 31              | 13  | 29        | 26  |
| Vehicular Impact (Train/Car) | 9               | 2   | 3         | 3   |
| Burning                      | 6               | 3   | 0         | 0   |
| <b>Total</b>                 | 235             | 100 | 113       | 100 |

**Until there's a cure, there's the American Diabetes Association.**

violated. Up to now no collaborator of EXIT has had to appear before the court from helping a person to commit suicide.

## What is EXIT?

EXIT of the German speaking part of Switzerland is a registered association for humane dying. (An identical association exists in the French speaking part of the country.)

## EXIT

- Respects the right of self-determination of every human being.
- Respects the right to self-deliverance of seriously and hopelessly ill patients.
- Issues "Advance Directives" to its members and assures them legal protection in case of disregard of the "Living Will" of a patient.
- Issues a manual for assisted suicide to its members and offers assistance to those members who are terminally ill and who wish to die.
- Establishes hospices for terminally ill patients where palliative care is offered.
- Publishes a quarterly bulletin and establishes contact to other organizations with similar aims.
- Is a member of the World Federation of Right-to-Die Societies.

EXIT was founded in 1982 and has currently more than 60,000 members. Two-thirds of the members are aged over 50 years and about 60% are women.

Since the 'Living Will' issued by EXIT is respected by physicians and the nursing staff of hospitals, EXIT had only rarely to interfere with hospital treatment of its members.

One of the main tasks of EXIT is the counseling of patients and assisting seriously sick and terminally ill patients to die. The number of members asking for assisted suicide is steadily increasing but there is no corresponding increase of the total number of deaths due to suicide. The trend, however, is clear: more elderly persons die from assisted suicide but a decreasing number die as a result of inhumane methods of suicide, such as shooting, hanging or drowning.

On average 100 to 120 patients/year commit assisted suicide in Switzerland. The most frequent diagnoses are: cancer (70%); cardiovascular diseases (10%); neurological disorders, including disseminated sclerosis and ALS (10%); skeletal disorders (5%) and AIDS (5%).

## Smoking Kills

American Heart Association  
Fighting Heart Disease and Stroke

• Smoking killed about 417,000 Americans in 1990

• Smoking is linked to 175,000 to 200,000 of all heart and blood vessel disease deaths

• Smoking costs the U.S. about \$50 billion in annual medical care

• Every day about 3,000 young Americans start smoking

©1996, American Heart Association

